

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2115

State File No.

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4434 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Ralls,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Ralls,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Center, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Center, Missouri.	
c. LENGTH OF STAY (in this place) 40 Yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Center, Mo. XXXXXX		d. STREET ADDRESS (If rural, give location) Center, Missouri.	

3. NAME OF DECEASED (Type or Print)		a. (First) Annie		b. (Middle) Belle		c. (Last) Bush.		4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1950.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May, 26, 1874		9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR 7 Months 19 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Ralls County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME James T. Ellis		13b. MOTHER'S MAIDEN NAME Alice Boyd.		14. NAME OF HUSBAND OR WIFE Frank Bush.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ben White.	
				ADDRESS Center, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Acute		INTERVAL BETWEEN ONSET AND DEATH 10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		2 yrs	
		DUE TO (b) Arteriosclerosis		4 or 2 1/2	
		DUE TO (c) Fall Fracturing Left Hip.		4 days	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Center Ralls Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan. 5, 1950, to Jan. 15, 1950, that I last saw the deceased alive on Jan. 15, 1950, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Brooks D.O.		23b. ADDRESS Center, Missouri.		23c. DATE SIGNED 1-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-18-50		24c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery	
				24d. LOCATION (City, town, or county) (State) Center, Mo.	

DATE REC'D BY LOCAL REG. 1-19-50		REGISTRAR'S SIGNATURE Clyde Wilkey		25. FUNERAL DIRECTOR'S SIGNATURE Clayton Wilkey	
				ADDRESS Center, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 24 1950
District Health Officer N
District File Number 1-58
Date Filed JAN 24 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. 3820

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.